PTO/SB/06 (08-03)

Approved for use through 7/31/2006. OMB 0651-0032

Ur	der the Paperwo	rk Reduction Act of	1995, no	persons are requ	rired to respond	10	B CORRECTION OF IN	ormation unle	ss il displa	ays a valid OMB	control number
PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Application of Doppler of The 39		
CLAIMS AS FILED - PART I OTHER THAN											
	(Column 1) (Column 2)				-	SMALL	ENTITY	OR	OR SMALL ENTITY		
	FOR	NUMB	ER FILED	NUMB	NUMBER EXTRA		RATE	FEE		RATE	
(37	IC FEE CFR 1.16(a))					1		s	OR	- KONTE	FEE
	AL CLAIMS CFR.1.16(c))		minus 20 =			1	x \$=		OR	X \$ =	
	EPENDENT CLAII CFR 1.16(b))	MS	minus 3 =				x s =		OR	x \$ =	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							+5 =		OR	+5 =	
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		OR	TOTAL	
ON TOTAL										L	
CLAIMS AS AMENDED - PART II (Column 2) (Column 2) OR OTHER THAN											THAN
	71411	(Column 1)		(Column 2) HIGHEST	(Column 3)	1	SMALLE	NTITY	OR	SMALL	
AMENDMENT A	趣	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RÀTE .	ADDI- TIONAL FEE
DM	· Total (37 CFR 1.16(c))	· X/	Minus .	-8/	•		xx25		CR	x 350	
4EN	Independent (37 CFR 1.16(b))	3	Minus	3/	-		x: 100	-	OR	× 200	
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+:180		OR	+5360	
						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
ENT B		CLAIMS REMAINING. AFTER AMENOMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total (37 CFR 1.16(cj)	•	Minus	••	= .		125		OR	xs_50	
JEN	Independent (ST CFR 1.16(b))	•	Minus		E		× 100		OR	xx.100	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							+,18Q		OR	+,300	
		-					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)											
NTC		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
OME	To(al (37 CFR 1.16(c))	•	Minus	*	=		x-25	_ FEE	OR	x:50	FEE
AMENDMENT	Independent (37 CFR 1.16(b))	• .	Minus	686 in .	ŧ.		x = 100		OR	x.100	
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+.170		OR ·	1.36D	
						L	TOTAL ADD'L FEE		OR	TOYAL	· · · · · · · · · · · · · · · · · · ·
* If the entry in column 1 is less than the entry in column 2, write 10 in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".											

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

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